

**P220000066627**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

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Account Name : RASI  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION****Craig S Radnay MD, PA**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Craig S Radnay MD, PA

**ARTICLE II PRINCIPAL OFFICE**

5823 Bowen Daniel Drive #206  
Principal street address  
Tampa, FL 33616

5823 Bowen Daniel Drive #206  
Mailing address, if different is:  
Tampa, FL 33616

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medical Practice

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Craig S Radnay - Director

Name and Title: \_\_\_\_\_

Address: 5823 Bowen Daniel Drive #206  
Tampa, FL 33616

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Craig S Radnay  
Address: 5823 Bowen Daniel Drive #206  
Tampa, FL 33616

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Craig S Radnay  
Address: 5823 Bowen Daniel Drive #206  
Tampa, FL 33616

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

08/23/2022

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

08/23/2022

Date

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